

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

412915

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
4							54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep.	19						Total Indep.			
Total Depend							Total Depend			
Total Claims	20						Total Claims			